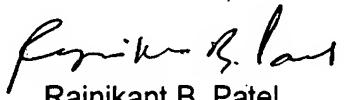


<b>Issue Classification</b>				Application/Control No.	Applicant(s)/Patent under Reexamination	
				10/537,137	SLUIJS, FERDINAND JACOB	
Examiner				Art Unit		
Rajnikant B. Patel				2838		

ORIGINAL				CROSS REFERENCE(S)							
CLASS	SUBCLASS	CLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)							
323	222	323	267								
INTERNATIONAL CLASSIFICATION											
G	0	5	F	1/10							
				/							
				/							
				/							
				/							
(Assistant Examiner) (Date)				 Rajnikant B. Patel (Primary Examiner) 9/14/07 (Date)				Total Claims Allowed: 16			
(Legal Instruments Examiner) (Date)								O.G. Print Claim(s) 1	O.G. Print Fig. 3		

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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4	4	34		64	94	124	
5	5	35		65	95	125	
6	6	36		66	96	126	
7	7	37		67	97	127	
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9	9	39		69	99	129	
10	10	40		70	100	130	
11	11	41		71	101	131	
12	12	42		72	102	132	
13	13	43		73	103	133	
14	14	44		74	104	134	
15	15	45		75	105	135	
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16	17	47		77	107	137	
	18	48		78	108	138	
	19	49		79	109	139	
	20	50		80	110	140	
	21	51		81	111	141	
	22	52		82	112	142	
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	24	54		84	114	144	
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	29	59		89	119	149	
	30	60		90	120	150	

<b>Issue Classification</b>				Application/Control No.	Applicant(s)/Patent under Reexamination	
				10/537,137	SLUIJS, FERDINAND JACOB	
				Examiner	Art Unit	
				Rajnikant B. Patel	2838	

ORIGINAL				CROSS REFERENCE(S)									
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)								
323		222		323	267								
INTERNATIONAL CLASSIFICATION													
G	0	5	F	1/10									
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(Assistant Examiner) (Date) <i>Jeanne M. Mui</i> 8/6/07 (Legal Instruments Examiner) (Date)								<i>Rajnikant B. Patel</i> Rajnikant B. Patel (Primary Examiner) 7/27/07 (Date)				Total Claims Allowed: 178 OK Raja	
												O.G. Print Claim(s) 1	O.G. Print Fig. 3

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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22		52	82	112	142	172	202
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26		56	86	116	146	176	206
27		57	87	117	147	177	207
28		58	88	118	148	178	208
29		59	89	119	149	179	209
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